## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

0/558887

|  |  | CLAIMS A                                  | SMALL ENT  | · · · · · · · · · · · · · · · · · · · |   | OTHER<br>SMALL E    |                     |                        |    |                            |                        |
|--|--|---|--|---------------------------------------|---|---------------------|---------------------|------------------------|----|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  |   | (Column 1)   |                                       |   | Column 2)           | RATÉ                | · FEE                  |    | RATE                       | FEE                    |
| BASIC FEE  |  |   | SMALL ENT.   | = \$ 150                              | LARGE ENT. = \$ 300                       |                     | BASIC FEE           |                        | OR | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Ar<br>(4) = \$50                                       |                                       | All other situations =<br>\$ 100 / \$ 200 |                     | EXAM. FEE           |                        |    | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                       | All other situations =<br>\$ 250 / \$ 500 |                     | SEARCH FEE          |                        |    | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                       | / 50 =                                    |                     | X \$ 125 =          |                        |    | X \$ 250 =                 |                        |
| тот  | AL CHARGEAE                                    | BLE CLAIMS                                | g mir  | nus 20 =                              | * .                                       |                     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| IND  | EPENDENT CL                                    | AIMS                                      | 2 m  | inus 3 =                              | *   |                     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT  |                                       |   |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                                       |   |                     | TOTAL               | -                      | OR | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |  |                                       |   |                     | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID         | BER<br>OUSLY                              | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                                    |   | = .                 | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus  | ***                                   |   | =                   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                       |   |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|  |  |   |  |                                       |   |                     | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |  |                                       |   |                     |                     |                        |    |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID         | IEST<br>BER<br>OUSLY                      | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                                    |   | =                   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus  | ***                                   |   | =                   | X \$ 100 =          | •                      | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                       |   |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|  |  |   | TOTAL ADDIT.<br>FEE  |                                       | OR  | TOTAL ADDIT.<br>FEE |                     |                        |    |                            |                        |
| •  | If the entry in colu                           | ımn 1 is less than th                     | a entry in column  | unite "O" i                           | in column                                 | 13                  |                     |                        |    |                            |                        |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.